

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 21

14
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Calloway
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Oct 6-40
(Specify whether years, months or days) 3 mo. 17 days

3. (a) PRINT FULL NAME August C. Schulze
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 16 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Washington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Schulze

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Schneider

15. Birthplace Germany H
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Schulze

(b) Address Washington Mo

17. (a) burial (b) Date thereof 1-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Heidelberg, Inc

(b) Address Washington Mo

19. (a) Jan 23 1941 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Washington Mo
(If outside city or town limits, write "RURAL") d
(d) Street No. _____ (If rural, give location) 8
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour _____ minute 2:10 A.M.

21. I hereby certify that I attended the deceased from Oct 6, 1940, to Jan 23, 1941; that I last saw him alive on Jan 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio sclerosis

Due to AS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James Thomas (M. D. or other) D

Address State Hospital no 1 Date signed 1/23/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. J. Meiburg
Licensed Embalmer No. 2387
P. O. Address Washington, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.